

STATE OF MARYLAND - Transportation, Attachment 3.1-C

- (C) Transportation is essentially divided into two distinct programs, the Ambulance and Wheelchair Van Program and the General Transportation Program.
- (1) Ambulance and Wheelchair Van transportation for non-ambulatory patients is furnished upon physician's order to and/or from the hospital and between hospitals under certain circumstances. Transportation is provided under this Program between nursing homes when there is either an emergency closing of one of the nursing homes, or when the recipient has been certified for a level of care not available at the facility requesting the transfer. Each hospital and nursing home has a transportation officer authorized to make arrangements through commercial ambulance companies. This individual presents the Ambulance provider and Wheelchair Van provider with a properly authenticated invoice blank at the beginning or end of each trip. The Ambulance and Wheelchair Van provider completes the invoice and submits it for payment in accord with State regulations.
- (2) General Transportation Services are now provided as an administrative cost. The Maryland Medical Assistance Program has restructured its General Transportation program for assuring transportation for Medical Assistance recipients to and from medically necessary services. The Program will no longer cover transportation as a service, that is, it will no longer pay providers directly for transportation services requested by recipients. Instead, the Program will award grants to local health departments and other entities in the counties and Baltimore City to administer transportation services to recipients. Grantees will be responsible for screening requests for transportation by recipients, arranging transportation, expanding existing and developing new transportation resources and purchasing or providing transportation services where necessary. The standards for the award and administration of these grants are set forth in new Regulations 10.09.19. The title of this chapter of regulations is being changed from "General Transportation" to "Transportation Grants" to reflect the substantial differences between the old and new transportation programs.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAMState of Maryland

The following is a description of the methods that will be used to assure that the medical and remedial care and services are of high quality, and a description of the standards established by the State to assure high quality care in these public sub-divisions.

a. Evaluation and Quality Control

1. A program of quality control of physicians' services is being developed in cooperation with Local Health Departments and with the State and Local Medical Societies. 12/31/73
2. Program evaluation and quality control will be directed at assessing performance and determining the degree to which program goals have been achieved. This program will also attempt to identify deficiencies and problems and to devise means to correct them.
3. The following are examples of evaluation and control procedures that will be utilized. 9/17/74
 - a. A licensing and inspection program for hospitals and nursing homes has been in effect since 1945. To assure quality of medical care standards and regulations were established. The success of the program is assured through periodic visits by hospital advisors for purposes of inspection and consultation. When problems are encountered requiring medical decisions, physicians in the Department of Health and Mental Hygiene are called upon to provide consultation and assistance. 4/26/74
 - b. All in-state hospitalizations are reviewed by The Maryland Admission Review Program to assure the most efficient hospital utilization possible, consistent with adequate care of the patient.
 - c. Patients in skilled nursing homes will be visited at least once every three months by the Local or State Department of Health and Mental

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Hygiene staffs and their medical reports will be evaluated. Once every six months medical reports will be reviewed with the attending physician. The purpose of the evaluation and review is to verify the patient's need for continued care.

- (i) An application for admission, which includes a section completed by the patient's physician is reviewed for medical and social factors by the Local Health Department and Local Social Services Department. 12/31/73
- (ii) Determination is made as to the patient's care, needs and possible alternative arrangements.
- (iii) Each patient is under the care of a physician and will be seen by the physician at intervals not in excess of 30 days, unless the physician notes on the patient's medical record that the patient's condition requires less frequent visits. 4/17/74
- (iv) A qualified social worker shall be available to identify the medically related social needs of the patient, and to formulate a plan for providing the related social needs of the patient. 4/26/74
- (v) Clinical records will be maintained noting the patient's progress and problems relating to the patient's care. 7/11/74
- (d) Invoices for medications are reviewed as an indirect control measure to prevent misuse of the program and to control over-prescribing and billing.
- (e) Invoices from physicians and dentists are reviewed as an indirect control to prevent patient misuse of services and to check efficient utilization consistent with treatment.

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- (f) Written policies will be prepared to inform subdivisions of the amount, duration, and scope of medical assistance and services that are available. Methods of quality controls are included.
- (g) Staff from the State will be assigned to make field visits to interpret policies and standards to the subdivisions.
- (4) In order to measure achievement and to determine the effectiveness of the program, records are maintained that emphasize performance, services utilized, resources utilized, and end results. Statistical reports will be developed by use of the over-all data processing system. Examples of these are:
- (a) Proportion of eligible persons who use services.
 - (b) Number of physician visits per patient.
 - (c) Number of prescriptions per person per year.
 - (d) Number of prescriptions per physician visit.
 - (e) Average cost per prescription.
 - (f) Relationship of average length of stay in a hospital to the diagnosis.
 - (g) Number of outpatient visits per person.
 - (h) Patient cost figures.
 - (i) Patient history of total care received.
- (5) The function of planning and establishing programs, evaluating results, and determining means to improve the health of the program beneficiaries through good medical care will be the responsibility of the Department of Health and Mental Hygiene.
- (6) Planning and Program Development
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- (a) Planning, development, and coordination of medical facilities for the care of all persons eligible under the Maryland Medical Assistance Program, including private physicians, hospitals, nursing and care homes, home health services, Health Department facilities, special pediatric comprehensive centers, etc.
 - (b) Manpower analysis of medical resources with the study of means of the utilization of non-professional persons in an attempt to conserve and use more efficiently, scarce professional personnel.
 - (c) Supervision of the admittance and care of patients in nursing homes and ICF facilities, and assistance to nursing home and ICF operators and employees to uplift standards of care in long term care facilities.
 - (d) Development of close coordination and cooperation between the various medical agencies and the Department of Employment and Social Services - Social Services Administration and other social service agencies.
 - (e) Gradually the planning and program development will be integrated with regional programs throughout the State.
- (7) Medical Care Studies
- (a) Demographic studies of population movement and composition.
 - (b) Quantitative studies of utilization data and development of norms of treatment patterns.
 - (c) Evaluation of new procedures and new patterns for rendering medical care.
 - (d) Field investigations and interviews with patients and providers of service.
 - (e) Establishment of professional utilization review panels to study and make recommendations as to quality of care.

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b. Local Health Office Function

- (1) Each local health office will be responsible for certain evaluation and control services to encourage increased interest in and knowledge of the quality of care in their political subdivisions.
- (2) Registration and Public Information - In conjunction with the Department of Employment and Social Services - Social Services Administration, Local Health Office personnel will be assigned to counsel persons eligible for services as to how best they might receive such services. An attempt will be made to determine through such counseling, unmet health needs of these individuals and to follow up and steer such individuals to appropriate medical resources. As the program develops and experience is gained, health screening services will be provided at the time of eligibility determination to detect unrecognized health problems.

The patient may be referred to the Department of Health and Mental Hygiene by the Social Services Administration for further counseling.

The State Agency will provide for broadening the scope of the medical and remedial care and services made available under the plan, to the end that, by July 1, 1975, comprehensive medical and remedial care will be furnished to all eligible individuals.

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